



Please type a plus sign (+) inside this box

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| | | | |
|---|--|--------------------------|------------------|
| DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | | Attorney Docket Number | COD5047 |
| <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required) OR | | First Named Inventor | Schorn |
| | | COMPLETE IF KNOWN | |
| | | Application Number | 10/699,370 |
| | | Filing Date | October 31, 2003 |
| | | Group Art Unit | 3736 |
| | | Examiner Name | |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

REFILL KIT FOR AN IMPLANTABLE PUMP
(*Title of the Invention*)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) **10/31/03** as United States Application Number or PCT International Application Number **10/699,370** and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|----------------------------------|--|--|--|
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: | | | | | |

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | |
|-----------------------|--------------------------|--|
| | | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| Application Serial No. | Filing Date | Status |
|------------------------|-------------|----------------------------------|
| | | Patented Patented Patented |

I hereby appoint:

Practitioners at Customer Number 000027777 →
 Place Customer
 Number Bar Code
 Label Here

AND

Practitioner(s) named below:
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Eugene L. Szczecina at telephone number (732) 524-1479.

Customer Number
 Direct all correspondence to: or Bar Code Label 000027777 OR Correspondence address below

Name:

Address:

Address:

| | | |
|---------|------------|------|
| City: | State: | ZIP |
| Country | Telephone: | Fax: |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | | | |
|---|----------|---|-----------------|--|
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) Gregory | | Family Name or Surname Schorn | | |
| Inventor's Signature | | | Date 03/10/2004 | |
| Residence: City Milford | State MA | Country USA | Citizenship USA | |
| Mailing Address 8 Hancock Street | | | | |
| City Milford | State MA | ZIP 01757 | Country USA | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) Sevak | | Family Name or Surname Stephanian | | |
| Inventor's Signature | | | Date | |
| Residence: City Cranston | State RI | Country USA | Citizenship USA | |
| Mailing Address 39 Villa Avenue | | | | |
| City Cranston | State RI | ZIP 02905 | Country USA | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | | | |
|---|----------|---|-----------------|--|
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) Gregory | | Family Name or Surname Schorn | | |
| Inventor's Signature | | Date | | |
| Residence: City Milford | State MA | Country USA | Citizenship USA | |
| Mailing Address 8 Hancock Street | | | | |
| City Milford | State MA | ZIP 01757 | Country USA | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) Sevak | | Family Name or Surname Stephanian | | |
| Inventor's Signature  | | Date | | |
| Residence: City Cranston | State RI | Country USA | Citizenship USA | |
| Mailing Address 39 Villa Avenue | | | | |
| City Cranston | State RI | ZIP 02905 | Country USA | |